TO: 327-4815 2 PGS TOTAL



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4) **Summary Sheet**

FILE NUMBER INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side. TOTAL PAGES IN ENTIRE CFA-4 REPORT IS THIS AN AMENDMENT? Yes COMMITTEE INFORMATION 1. Full Name of Committee (as on Statement of Organization) Check if this is a new name TRACI LIPP for WAYNE TOWNSHIP 2. Acronym or Abbreviated Name (if any) 3. Committee Telephone Number *1*317. 502-1507 4. Mailing Address (address where all campaign finance correspondence is received) Check if this is a new address 2721 VINEWOOD DR. 5. City, State, ZIP Code 6. Party Affiliation (if applicable) Indianapous, IM 46224 Democratic CANDIDATE INFORMATION (For Candidate's Committees Only) 7. Full Name of Candidate (Include any nickname) 8. Party Affiliation or If Independent Candidate TRACI LYAN LIPP Democratic 9. Office Sought (Include district number, if any. Not required for exploratory committee.) 10. County of Residence WAYNETOWNSHIP LEGISLATIVE ADVISORY BOARD MARION TYPE OF REPORT CONVENTION CANDIDATES ONLY Check one: Pre-Primary Pre-Bection Mannual Nomination Other Pre-Convention Final/Disbands Committee (lines 18, 19, and 20 must be 10) Utgoing Treasurer (within 10 days emend Statement of Organization) Post-Convention 12. Reporting Period: COLUMN A COLUMNIB From: 1/1/15 This Period Year to Date 13. Cash on hand and investments at the beginning of this reporting period. 529.73 14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a. Itamized (use Schedule A) 242.97 242.97 15b. Unitemized 15c. Add lines 15a and 15b in both columns SUBTOTAL 242,9 242.91 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL 72.70 EXPENDITURES (Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (use Schedule B) (Public Question: use Schedule C) 0 17b. Uniternized 17c. Add lines 17a and 17b in both columns SUBTOTAL 0 18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) TOTAL 772.70 772.70 19. Debts OWED BY the committee (use Schedule D) 20. Debts OWED TO the committee (use Schedule E) CERTIFICATION FOR OFFICE USE ONLY Title CANDIDATE

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE, Signature of Treasurer Signative of Candidate if applicable) WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly ties a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana CaReceived Time undan. 20. m. 2016 m. 11:22 AM-1No. 868 3 me subject to chall penalties. (AC 3-9-4-16, AC 3-9-4-17, AC 3-9-4-18)

Myla a Eldridge





REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$180 per contributor, which a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, returns, returns of deposit, proceeds from sales, interest or other income) OVER \$180 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

Page	of	1
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	FILE NUME	BER

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS "street results", buy, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	CCLUMN A AMOUNT THIS PER OD	COLUMN S SVITATUVED STAC-OT-RASY	DATE RECTIVED RECEIVED BY
TRACI LIPP (CANDIDATE) - RETRIC MANAGER	Contributions: Direct In-Kind (describe)			12/10/15
2721 VINEWOOD PRIVE Indianapolis, IN 46224 Contributor's Occupation (7) required RETAILSTORE MGR	Other Receipts: Interest Loan Misc. (specify)	242.47	242.97	Chase Bank (Deposited)
2.	Contributions: Direct tn-Kind (describe)			Cocomo
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: Interest Loan Misc. (specify)	·		
4	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: interest Loan Misc. (specify)			
5	Contributions: Direct in-Kind (describe)		<u> </u>	
Conditional Comments of Constitution	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (Frequired)		2015 27		
TOTAL OF ALL PAGES OF SCHEDULE	THIS PAGE OF SCHEDULE A	\$ 242.97		
	M 15a of the Summary Sheet)	\$ 24a-97.		